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PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	13DV-13419
First Named Inventor	Thomas W. Birdwell
COMPLETE IF KNOWN	
Application Number	09/727,898
Filing Date	December 1, 2000
Art Unit	2171
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF PROCESSING TEST INFORMATION

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/01/2000 as United States Application Number or PCT International

Application Number 09/727,898 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

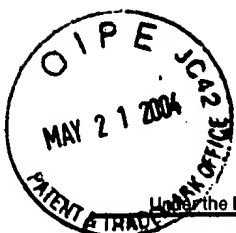
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**DECLARATION — Utility or Design Patent Application**

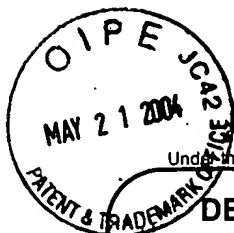
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 10px;">30540</span> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Thomas William		Family Name or Surname Birdwell	
Inventor's Signature <i>Thomas William Birdwell</i>		Date <i>10 May 04</i>	
Residence: City Middletown	State Ohio	Country USA	Citizenship USA
Mailing Address 6031 Bendel Drive			
City Middletown	State Ohio	ZIP 45044	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Joseph Benjamin		Family Name or Surname Ross	
Inventor's Signature		Date	
Residence: City Cincinnati	State Ohio	Country USA	Citizenship USA
Mailing Address 4417 Bromyard Ave.			
City Cincinnati	State Ohio	ZIP 45241	Country USA
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ronald Cecil		McFarland	
Inventor's Signature		Date	
Residence: City Cincinnati	State Ohio	Country USA	Citizenship USA
Mailing Address 7941 Fawncreek Drive			
Mailing Address			
City Cincinnati	State Ohio	Zip 45249	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Christopher Reynolds		Hammond	
Inventor's Signature		Date	
Residence: City Schenectady	State NY	Country USA	USA Citizenship
Mailing Address 404 Deer Path			
Mailing Address			
City Schenectady	State NY	Zip 12306	Country USA
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2171

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			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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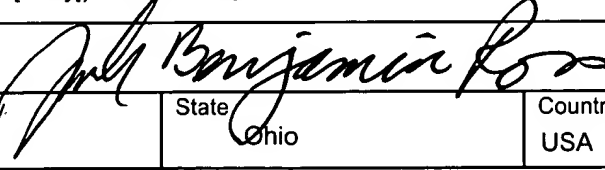
[Page 1 of 2]

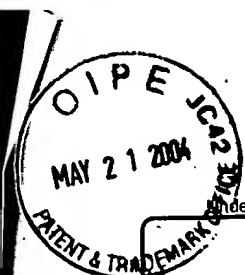
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <input type="text" value="30540"/>				OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City			State		ZIP
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
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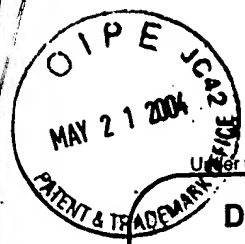
Supplemental Sheet

Page 1 of 1

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Art Unit

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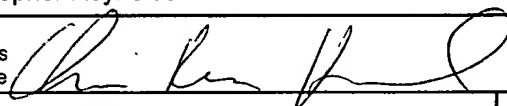
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Name			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/727,898
Filing Date	December 1, 2000
First Named Inventor	Thomas William Birdwell
Title	Method of Processing Test Information
Art Unit	2171
Examiner Name	
Attorney Docket Number	13DV-13419

I hereby appoint:

☒ Practitioners associated with the Customer Number:

30540

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

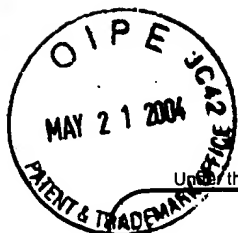
Name	Thomas William Birdwell
Signature	<i>Thomas William Birdwell</i>
Date	13 May 04
Telephone	(513) 539-7411

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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30540

OR



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Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Joseph Benjamin Ross

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 4 forms are submitted.

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PTO/SB/81 (09-03)

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/727,898
Filing Date	December 1, 2000
First Named Inventor	Thomas William Birdwell
Title	Method of Processing Test Information
Art Unit	2171
Examiner Name	
Attorney Docket Number	13DV-13419

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<input type="checkbox"/> Firm or Individual Name				
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Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Ronald Cecil McFarland		
Signature	<i>Ronald Cecil McFarland</i>		
Date	5/5/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Christopher Reynolds Hammond		
Signature			
Date	5/4/2004	Telephone	518-387-6960

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